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PATENT APPLICATION
DOCKET NO.: UMMC91-03A2

EXPEDITED PROCEDURE UNDER 37 CFR 1.116
EXAMINING GROUP: 1804

NOTICE OF APPEAL FROM THE PRIMARY EXAMINER
TO THE BOARD OF APPEALS

Applicant(s): Harriet L. Robinson, Ellen F. Fynan, Robert G. Webster
and Shan Lu
Serial No.: 08/187,879 Group Art Unit: 1804
Filed: January 27, 1994 Examiner: C. Hogue
For: IMMUNIZATION BY INOCULATION OF DNA TRANSCRIPTION UNIT

310 NJ 01/09/97 08187879
31035 116 280.00CH
31036 119 300.00CH
31037 121 260.00CH

#22
H.G.J.
1/14/97

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Assistant Commissioner for Patents, Washington, D.C. 20231	
on <u>1/6/97</u>	<u>Karen Altaffer</u>
Date	Signature
<u>Karen Altaffer</u>	
Typed or printed name of person signing certificate	

RECEIVED
JAN 14 1997
GROUP 1800

Assistant Commissioner for Patents
Box AF
Washington, D.C. 20231

Sir:

Applicant hereby appeals to the Board of Appeals from the decision dated August 6, 1996 of the Primary Examiner finally rejecting claims 1-3, 5-7, 9-26, 28-38, and 40-56. The item(s) checked below are appropriate:

1. ☐ Applicant hereby petitions to extend the time for filing a Notice of Appeal in response to the Office Action Made Final dated _____ for _____ month(s) from _____ to _____.
2. ☒ A one month extension of time to respond to the Office Action Made Final dated 8/6/96 was filed on 12/6/96 with payment of a \$ 110.00 fee.
☒ Applicant hereby petitions for an additional one month extension of time to respond to the Office Action Made Final.
3. ☒ An Oral Hearing before the Board of Appeals is respectfully requested.

4. Fees are submitted for the following:

<input type="checkbox"/>	Extension of Time for _____ month(s)	\$ _____
<input checked="" type="checkbox"/>	Additional Extension of Time:	
	Fee for Extension (<u>two</u> mo.)	\$ <u>390.00</u>
	Less fee paid (<u>one</u> mo.) -	<u>110.00</u>
	Balance of fee due	\$ <u>280.00</u>
<input checked="" type="checkbox"/>	Oral Hearing	\$ <u>260.00</u>
<input checked="" type="checkbox"/>	Notice of Appeal	\$ <u>300.00</u>
	TOTAL	\$ <u><u>840.00</u></u>


5. The method of payment for the total fees is as follows:

☐ A check in the amount of \$ _____ is enclosed.

☒ Please charge Deposit Account No. 08-0380 in the amount of \$ 840.00.

Please charge Attorney's Deposit Account No. 08-0380 for any additional amounts that may be due in this matter. Three (3) originally signed copies of this Notice of Appeal are enclosed. Two (2) duplicate copies are enclosed for accounting purposes.

Respectfully submitted,



Elizabeth W. Mata
Registration No. 38,236
Attorney for Applicant(s)
Telephone: (617) 861-6240

Lexington, Massachusetts 02173

Dated: January 6, 1997